Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

439052	143036595
2: 1 1 C 1: (SAC)	Service Provider Identification Number (SPIN) ast provide a certification form for each SAC through which it provides Lifeline service).
2017 OK	Boomerang Wireless LLC
Recertification Year State	ETC Name
enTouch Wireless	
	TI II' Common Nama
DBA, Marketing, or Other Branding Nam (If same as ETC name, list "N/A" Do not leave blank,	e Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Other Branding Nam (If same as ETC name, list "N/A" Do not leave blank,	(If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Other Branding Nam (If same as ETC name, list "N/A" Do not leave blank, Does the reporting company have affiliated Provide a list of all ETCs that are affiliated with the redetermined in accordance with Section 3(2) of the Contowns or controls, is owned or controlled by, or is under the control of th	(If same as ETC name, list "N/A" Do not leave blank) d ETCs? Yes No No The same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Other Branding Nam (If same as ETC name, list "N/A" Do not leave blank, Does the reporting company have affiliated with the re-	(If same as ETC name, list "N/A" Do not leave blank) I ETCs? Yes No O porting ETC, using page 4 and additional sheets if necessary. Affiliation shall be

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
anuary	100
Pebruary	97
March	80
April	57
May	58
June	40
July	33
August	38
September	25
October	17
November	5
December	3
Total Subscribers	553

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed

Initial KAL

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

A. Subscribers eligible for recertification by anniversary month

Subscribers de-enrolled prior to recertification attempts

Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.		0	0	0	0	0	10	42	892	442	594	90	207
	0	0	- 0	0	0	0	8	39	198	371	528	63	120
В.	0	0	0	U	U	0	0	2	1-911	01	1-0	27	865
C.	0	0	0	0	0	0	2	3	674	-11	408	1	

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

eport	Jan	Feb	Mar Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	_	0	0	0	0	0	0	0	0	0	0	0	0
٠.	0	U	U	1 0	U	U							

E. Name of the data source(s) used to verify consumer eligibility:

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

Repor	t the number	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
						-	0	106	100	71	158	27	3106
F.	0	0	0	0	0	0	2	0	198	11	40	0.	COT

G. Subscribers who failed to recertify through ETC direct outreach attempt

all ad due to inclinibility or non-response to the ETC's outreach attempt

	ale e accomples	- of Lifeline	enhacribers (te-enrolled d	lue to incligib	ility or non-	response to	the ETC's or	Son	it.	T 5.	T n.	Year
кероп	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	20.00							- CK	01	112	110	11	191
G.	0	0	0	0	0	0	1	0	96	45	40	11	1 1 1 1 1 1 1

H. Subscribers who recertified through ETC direct outreach attempt

of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

Report	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	Ø	0	Ø	1	0	102	28	28	14	175

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

ort the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Керо	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

rt the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

Repor	Jan	Feb	Mar Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

enort the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

Repor	Jan	Feb	Mar	Apr	May May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	KAL
Initial	RHL

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
No Subscribers I certify that my company did not claim federal low income support for any Lifeline subscribers data year. I am an officer of the company named above. I am authorized to make this certificatio above.	for the current Form 555 n for the SAC listed

Initial	

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
191	366	52.19%

Signature Block

By signing below, I certify that the company listed above	is in compliance with all federal Lifeline certification
procedures. I am an officer of the company named above.	I am authorized to make this certification for the Study
Area Code (SAC) listed above.	

Signed,	ahman/
Signature of Officer klehrman@ready	wireless.com
Email Address of Office	r
Oliver J. Moeller	
Person Completing This	Certification Form

Rimberley Lehrman, President
Printed Name and Title of Officer

12/24/2018
Date
3197434641
Contact Phone Number

Affiliated ETCs

SAC	Name
JAC .	ř